



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. E336064

|                                      |   |  |
|--------------------------------------|---|--|
| INTERSTATE <input type="checkbox"/>  | CITY STREET <input type="checkbox"/>      | FIRE RESULTED <input type="checkbox"/>                 |
| STATE ROUTE <input type="checkbox"/> | OTHER <input checked="" type="checkbox"/> | STOLEN VEHICLE <input type="checkbox"/>                |
| COUNTY RD <input type="checkbox"/>   | PRIVATE WAY <input type="checkbox"/>      | HIT & RUN INVOLVED <input checked="" type="checkbox"/> |

TRIBAL RESERVATION

|                     |          |               |  |
|---------------------|----------|---------------|--|
| CASE #              | 14-01377 |               |  |
| LOCAL AGENCY CODING |          |               |  |
| TOTAL # OF UNITS    | 02       | OBJECT STRUCK |  |

|   |    |   |    |   |      |             |      |          |    |       |  |        |      |
|---|----|---|----|---|------|-------------|------|----------|----|-------|--|--------|------|
| DATE OF COLLISION   | 06 | - | 13 | - | 2014 | TIME (2400) | 1000 | COUNTY # | 31 | MILES |  | CITY # | 0664 |
| N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> IN <input checked="" type="checkbox"/> OF |    |   |    |   |      |             |      |          |    |       |  |        |      |

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

STATE ROUTE 9 BLOCK NO. ☒ 717

MILE POST ☐

DISTANCE ☐ MILES ☐ N ☐ E ☐ OF (REFERENCE OR CROSS STREET)

☐ FEET ☐ S ☐ W

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☐ NO ☐ PHONE

LAST NAME UNKNOWN FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX U D.O.B. MMDDYYYY

ON DUTY ☐ STATUS AIRBAG 9 RESTR. 9 EJECT 9 HELMET USE 9 INJURY CLASS 0 NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # CITATION # CHARGE

VEHICLE LEGALLY STANDING YES ☐ NO ☐

UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE

LAST NAME UNKNOWN FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX U D.O.B. MMDDYYYY

ON DUTY ☐ STATUS AIRBAG 9 RESTR. 9 EJECT 9 HELMET USE 9 INJURY CLASS 0 NATURE OF INJURIES

LICENSE PLATE # AIV1283 STATE WA VIN# JTJHF10U420275963

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2006 MAKE LEXS MODEL RX300 STYLE 4H VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # PROGRESSIVE 71538004 CITATION # CHARGE

VEHICLE LEGALLY STANDING YES ☐ NO ☐

OFFICER'S NAME (PRINT) ANDREW THOR BADGE OR ID # 115 AGENCY WA0311900

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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. E336064

CASE #

14-01377

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME

(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.  
MM/DD/YYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

NAME

(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.  
MM/DD/YYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

NAME

(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.  
MM/DD/YYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

NARRATIVE

Owner of Vehicle 2 called to report a hit and run that had occurred on 06/13/14 at approximately 1000 hours in the Safeway parking lot. She could not recall specifically where she'd parked but only that it was somewhat near the south doors in the middle of the lot.

No diagram could be completed due to a lack of information on vehicle parking location.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

ANDREW THOR

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

06-16-14 01:25 PM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

6/21/2014 9:54:04 AM

BADGE OR ID #

115

ORI #

WA0311900

TIME POLICE DISPATCHED

9:06 AM

TIME POLICE ARRIVED

9:13 AM

Diagram unavailable due to lack of information from reporting party.

Incident History for: #SS14011440

Case Numbers: \$SS14001377

Entered 06/16/14 09:06:53 BY SPCT06 SP0387  
Dispatched 06/16/14 09:07:53 BY SPDP17 SP0147  
Enroute 06/16/14 09:07:53  
Onscene 06/16/14 09:13:22  
Closed 06/16/14 09:21:08

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 3 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: WEST  
Src: T

Loc: 717 SR 9 NE , LKS — SAFEWAY , LKS btwn ENT TO FRONTIER VI & LUNDEEN PARK WY  
(V)

Loc Info:

Name: FRANCISCO, HEATHER

Addr:

Phone: 3602231630

/0906 (SP0387) ENTRY , PH RP ADDR, COLD, HIT AND RUN NOT REPORTED  
/0907 (SP0147) AGCADV , BCST  
/0907 DISPER 19D2 [PH ]  
#SS115 THOR, OFFICER (ANDREW)  
/0910 CHGLOC 19D2 [2529 80 DR NE]  
/0911 (SS115 ) \*MISC 19D2 , RP STATED OCCURRED APPROXIMATELY 1 WEEK PRIOR A  
T SAFEWAY. WANTS REPORT TAKEN FOR INSURANCE PURP  
oses  
/0913 \*ONSCNE 19D2  
/0916 (SP0147) ASNCAS 19D2 \$SS14001377  
/0919 (SS115 ) REMINQ 19D2 MDTVEH, AIV1283,, WA,,,,,,,,,  
/0919 REMINQ 19D2 MDTWANT,,,,,,,,, WA, FRANCHM184M9,,,,,,,,,  
/0921 \*CLEAR 19D2 D/H  
/0921 CLOSE 19D2

SECTOR collision